

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled CONTROLLING ACCESS TO A MEDICAL MONITORING SYSTEM, the specification of which:

[X] was filed on December 5, 2003 as Application Serial No. 10/728,631.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
09/841,154	4/23/2001	Issued

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Scott C. Harris, Reg. No. 32,030
David L. Feigenbaum, Reg. No. 30,378
Bing Ai, Reg. No. 43,312
John C. Philips, Reg. No. 35,322
Joseph R. Baker, Reg. No. 40,900

Linda G. Gunderson, Reg. No. 46,341
Kenyon Jenckes, Reg. No. 41,873
William Hunter, Reg. No. 47,671
John F. Conroy, Reg. No. 45,485
John Hayden, Reg. No. 37,640

Direct all telephone calls to JOHN F. CONROY at telephone number (858) 678-5070.

Direct all correspondence to the following:

20985
PTO Customer Number

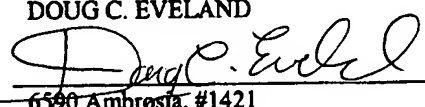
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: DOUG C. EVELAND

Inventor's Signature: 

Date: 12/1/04

Residence Address: 6590 Ambrosia, #1421

Citizenship:

Post Office Address:

USA

Carlsbad, CA 92009

4205 Via Rancho Del Lago
Bonsall, CA 92003

Full Name of Inventor: WILLIAM R. MARABLE

Inventor's Signature: _____

Date: _____

Residence Address:

6613 Corte Real

Carlsbad, CA 92009

Citizenship:

USA

Post Office Address:

Carlsbad, CA 92009

Full Name of Inventor: BOBBY E. ROGERS

Inventor's Signature: _____

Date: _____

Residence Address:

3525 Del Mar Heights Rd., #430

San Diego, CA 92130

Citizenship:

USA

Post Office Address:

San Diego, CA 92130

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: DOUG C. EVELAND

Inventor's Signature: _____ Date: _____
Residence Address: 6590 Ambrosia, #1421
Carlsbad, CA 92009
Citizenship: USA
Post Office Address: Carlsbad, CA 92009

Full Name of Inventor: WILLIAM R. MARABLE

Inventor's Signature: William R. Marable Date: 12-3-04
Residence Address: ~~6613 Corte Real~~ 668 Angelo
~~Carlsbad, CA 92009~~ Gurnee, IL 60031
Citizenship: USA
Post Office Address: ~~Carlsbad, CA 92009~~ Gurnee, IL 60031

Full Name of Inventor: BOBBY E. ROGERS

Inventor's Signature: _____ Date: _____
Residence Address: 3525 Del Mar Heights Rd., #430
San Diego, CA 92130
Citizenship: USA
Post Office Address: San Diego, CA 92130

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

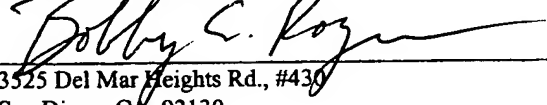
Full Name of Inventor: DOUG C. EVELAND

Inventor's Signature: _____ Date: _____
Residence Address: 6590 Ambrosia, #1421
Carlsbad, CA 92009
Citizenship: USA
Post Office Address: Carlsbad, CA 92009

Full Name of Inventor: WILLIAM R. MARABLE

Inventor's Signature: _____ Date: _____
Residence Address: 6613 Corte Real
Carlsbad, CA 92009
Citizenship: USA
Post Office Address: Carlsbad, CA 92009

Full Name of Inventor: BOBBY E. ROGERS

Inventor's Signature:  Date: 11/12/4
Residence Address: 3525 Del Mar Heights Rd., #430
San Diego, CA 92130
Citizenship: USA
Post Office Address: San Diego, CA 92130